

SAIN^TJOHN SCHOOL

Application for Admission

DEVELOP SCHOLARSHIP

DEEPEN FAITH

INSPIRE LEADERSHIP



Student Information

Applicant _____

Last Name

First Name

Middle Name

Student birthdate: _____ Grade of entry _____

Student lives with: _____ Parents _____ Mother _____ Father _____ Grandparents

Other: (Please list) _____

Mailing address: _____

Street

City

State

Zip

Public School District _____

Public School **Building** Assignment for current year _____

Does Student have an IEP/504 Plan Yes _____ No _____

Preferred Telephone _____ Family E-mail address _____

Current school

Current grade

Ethnicity _____

Religion _____ Parish or Church _____

Sacrament Record:

Baptism: _____ Reconciliation: _____ Communion _____ Confirmation _____

Date/Parish _____ Date/Parish _____ Date/Parish _____ Date/Parish _____

Student Lives With

_____ Mother and Father _____ Mother _____ Father _____ Mother and Stepfather

_____ Father and Stepmother _____ Grandparents _____ Grandmother _____ Grandfather

Other (Please list) _____

Financial Responsibility

_____ Mother and Father _____ Mother _____ Father _____ Mother and Stepfather

_____ Father and Stepmother _____ Grandparents _____ Grandmother _____ Grandfather

Other (Please list) _____

Custodial information (Complete only if applicable)

Is there an existing court order for custodial parent? _____ yes _____ no (If yes please attach copy to application)

Family Information

Adult Female Information (Mother) _____ Dr. _____ Mrs. _____ Ms.

Last Name Maiden Name First Name

Mailing address _____ Preferred E-mail address _____

Cell Phone # _____ Work Phone # _____

Occupation/Title/Employer: _____

Religion _____ Birthplace/Date _____

Educational Background _____ Non-HS _____ HS Graduate _____ College Non-Grad
_____ College Graduate _____ Post Grad

Saint John Alum _____ Yes _____ Year of Graduation _____

Adult Male information: (Father) _____ Dr. _____ Mr.

Last Name First Name

Mailing address _____ Preferred E-mail address _____

Cell Phone # _____ Work Phone # _____

Occupation/Title/Employer: _____

Religion _____ Birthplace/Date _____

Educational Background _____ Non-HS _____ HS Graduate _____ College Non-Grad
_____ College Graduate _____ Post Grad

Saint John Alum _____ Yes _____ Year of Graduation _____

Sibling/Relatives Information

Siblings currently at Saint John:

Sibling 1) _____ Sibling 2) _____
Name Grade Name Grade

Sibling 3) _____ Sibling 4) _____
Name Grade Name Grade

Other siblings:

Sibling 1) _____ Sibling 2) _____
Name Age Name Age

Relatives who attended Saint John:

Name Year of Graduation Relationship

Name Year of Graduation Relationship

